

01-03-99 A

Atty. Dkt. No. 15-XZ-4974 (70191/195)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard Aufrichtig et al.
Title: CORRECTION OF DEFECTIVE
PIXELS IN A DETECTOR
Appl. No.: Unknown
Filing Date: Unknown
Examiner: Unknown
Art Unit: Unknown

09/14 4715 U.S. PTO

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.	
EL529676391US (Express Mail Label Number)	12-29-1999 (Date of Deposit)
<i>SANDRA MURPHY</i> (Printed Name)	
<i>Sandra Murphy</i> (Signature)	

**UTILITY PATENT APPLICATION
TRANSMITTAL**

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Richard Aufrichtig
Ping Xue
Kenneth Scott Kump

Enclosed are:

- Specification, Claim(s), and Abstract (16 pages).
- Informal drawings (6 sheets, Figures 1-9).
- Declaration and Power of Attorney (6 pages).
- Assignment of the invention to GE Medical Systems Global Technology Company, LLC.
- Assignment Recordation Cover Sheet.
- Check in the amount of \$40.00 for Assignment recordation.
- Small Entity statement.
- Information Disclosure Statement.

Form PTO-1449 with copies of listed reference(s).

The filing fee is calculated below:

Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee			\$690.00	\$690.00
Total Claims: 28	20	= 8	x \$18.00 =	\$144.00
Independents: 3	3	= 0	x \$78.00 =	\$0.00
If any Multiple Dependent Claim(s) present:			+ \$260.00 =	\$0.00
			SUBTOTAL: =	\$834.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):			=	\$0.00
			TOTAL FILING FEE: =	\$834.00

A check in the amount of -0- to cover the filing fee is enclosed.

The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By Katherine Lee

Date 12/29/1999

FOLEY & LARDNER
Firststar Center
777 East Wisconsin Avenue
Milwaukee, Wisconsin 53202-5367
Telephone: (414) 297-5531
Facsimile: (414) 297-4900

Katherine D. Lee
Attorney for Applicant
Registration No. 44,865